

**SUMMARY OF CHILD'S  
MEDICAL CARE**

**(TFC 266.007)**

Re: Child:\_\_\_\_\_ DOB \_\_\_\_\_

The individual(s) designated by DFPS to consent to medical care, or the individual authorized by the court to consent to medical care: \_\_\_\_\_

Relationship or role in case:\_\_\_\_\_

*(Note: If more than one individual has been authorized to consent to medical care for the child since the last hearing, the caseworker obtains and incorporates medical information from all of these individuals into the court report.)*

Summarize the child's medical care since the last hearing, held on:\_\_\_\_\_:

Medical care includes:

physical, dental, behavioral and allied health care (e.g., physical therapy, occupational therapy, speech therapy, dietetic services, etc.).

**(1) The nature of any emergency medical care provided to the child and the circumstances necessitating emergency medical care, including any injury or acute illness suffered by the child:**

**(2) All medical and behavioral health treatment that the child is receiving and the child's progress with the treatment:**

**(3) Any medication prescribed for the child and the condition, diagnosis, and symptoms for which the medication was prescribed and the child's progress with the medication:**

**(4) The degree to which the child or foster care provider has complied or failed to comply with any plan of medical treatment for the child:**

**(5) Any adverse reaction to or side effects of any medical treatment provided to the child:**

**(6) Any specific medical condition of the child that has been diagnosed or for which tests are being conducted to make a diagnosis:**

**(7) Any activity that the child should avoid or should engage in that might affect the effectiveness of the treatment, including physical activities, other medications, and diet:**

**(8) Any views the child has expressed regarding his or her medical care:**

**(9) Any other medical information.**

\_\_\_\_\_  
Completed by

\_\_\_\_\_  
Date